200 INTERNAL TRANSFER REQUEST FOR S.N. 10/003951				
DATE:	1/9/03	FROM:	(print name)	
FORWARD TO: A. Art Unit:	2/23	REASON(S): A. You had Parent B. See Title	(check box)	
B. Class:	703	C. See Abstract	(check box)	
C Subclass:	1+	D. See Claim(s):		
FURTHER EXPL	ANATION IF NEE Emulation	DED: ~ syste~		
DATE:		FROM:	(print name)	-
FORWARD TO: A. Art Unit: B. Class: C Subclass: FURTHER EXPL	ANATION IF NEE	REASON(S): A. You had Parent B. See Title C. See Abstract D. See Claim(s):	(check box) (check box)	
DATE:		FROM:	(print name)	
FORWARD TO	CLASSIFIER	REASON(S):  A. You had Parent	(check box)	
		B. See Title C. See Abstract D. See Claim(s):	(check box)	
FURTHER EXP	LANATION IF NE	C. See Abstract D. See Claim(s):		
	a <sup>t</sup> j	C. See Abstract D. See Claim(s): EDED:		
DISPOSITION		C. See Abstract D. See Claim(s): EDED:		
	a <sup>t</sup> j	C. See Abstract D. See Claim(s): EDED:		

D. See Claim(s):

FURTHER EXPLANATION IF NEEDED: